OCT 21 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 36333

Registered No. 380

1. PLACE OF DEATH

County St. Louis — Registration District No. Missouri 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. ..... Ward)

2. FULL NAME Charles E. FERCIOT

(a) Residence, No. 5600 Theodosia St., ... Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Electric Co

10. Date deceased last worked at this occupation (month and year) July 2, 1936

11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Western Port Maryland

FATHER

13. NAME Chas. Nicholas Ferciot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth N. J.

MOTHER

15. MAIDEN NAME Mary Ann McGirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Sept. 29, 1936

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED Sept 29, 1936 L. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to September 25, 1936

I last saw h. im alive on September 25, 1936 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Carcinoma, resulting in	
Pyelonephritis, Bilateral, Metastases	
Retroperitoneal Glands and Liver	Unknn

Other contributory causes of importance:
None

Name of operation Nephrotomy Date of 9-25-36
What test confirmed diagnosis? Laboratory Was there an autopsy? YES
clin. manifestations, phy. exam.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. W. HUGHES, M. D.
(Address) Chief Medical Officer.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-2-26-35